

**Hospital**  
**Provider Type 01**  
**907 KAR 1:012**  
**907 KAR 1:013**

**Information about the program:**

- Provider cannot be an individual.
- Out-of-state providers may enroll.
- The facility administrator or director must sign all forms.
- Provider must obtain a Certificate of Need.
- Provider must have “bricks and mortar”.
- In-state providers must contact OIG (Office of Inspector General) for a survey.
- DMS will not assign a provider number to in-state facilities unless a survey has been received.
- Any changes to in-state facilities must be directed to OIG immediately.
- All admissions require Peer Review Organization (PRO) authorization.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- JCAHO (Joint Commission on Accreditation Healthcare Organization) letter.  
If hospital is not JCAHO accredited, please send verification of participation within own state’s Medicaid/ Medicare program.
- License
- CLIA
- W-9
- Provide all Medicare numbers

**Important addresses:**

- Office of Inspector General  
275 East Main Street  
Frankfort, KY 40621

**Psychiatric Hospital  
Provider Type 02  
907 KAR 1:016**

**Information about the program:**

- Provider cannot be an individual.
- Out-of-state providers may not routinely enroll.
- The facility administrator or director must sign all forms.
- Provider must obtain a Certificate of Need.
- Provider must have “bricks and mortar”.
- DMS will not assign a provider number to in-state facilities unless an OIG survey has been received.
- Any changes to in-state facilities must be directed to OIG immediately.
- Admissions require Peer Review Organization (PRO) authorization.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Facility and KAPER -1 Supplement
- MAP-811 Addendum E
- JCAHO Accreditation letter
- License
- Medicare number
- CLIA (if applicable)
- W-9

**Important addresses:**

- Office of Inspector General  
275 East Main Street  
Frankfort, KY 40621

**Psychiatric Residential Treatment Facility (PRTF)  
Provider Type 04  
907 KAR 1:505**

**Information about the program:**

- Provider cannot be an individual.
- Out-of-state providers may not enroll.
- The facility administrator or director must sign all forms.
- Provider must obtain a Certificate of Need.
- Provider must have “bricks and mortar”.
- DMS will not assign a provider number to facilities unless an OIG survey has been received.
- Any changes to facilities must be directed to OIG immediately.
- All admissions require Peer Review Organization (PRO) authorization.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- Accreditation letter from JCAHO or CAS
- Model Attestation Letter
- License
- Medicare number
- W-9

**Important addresses:**

- Office of Inspector General  
275 East Main Street  
Frankfort, KY 40621

**ICF/MR**  
**(Intermediate Care Facility/Mental Retardation)**  
**Provider Type 11**  
**907 KAR 1:025**

**Information about the program:**

- All ICF/MR providers must contact the Office of Inspector General (OIG) for licensing and survey.
- DMS will not assign a provider number until survey is received from OIG.
- The facilities administrator or director must sign all forms.
- Any changes must be directed to OIG immediately.
- Provider must obtain a certificate of need.
- Provider must have “bricks and mortar”.
- Out-of-state providers may not enroll in this program.
- Provider can only be an entity - NO INDIVIDUALS

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- License to operate (covering dates of service requested on MAP-811)
- W-9
- If provider is in a hospital setting must also submit the hospital's JCAHO accreditation.

**Important addresses:**

- Office of Inspector General  
275 East Main Street  
Frankfort, KY 40621

**Nursing Facility  
Provider Type 12  
907 KAR 1:065**

**Information about the program:**

- All Nursing Facility providers must contact the Office of Inspector General (OIG) for licensing and survey.
- DMS will not assign a provider number until a survey is received from OIG.
- The facility administrator or director must sign all forms.
- Any changes must be directed to OIG immediately.
- Provider must obtain a Certificate of Need.
- Provider must have “bricks and mortar”.
- Provider can only be an entity - NO INDIVIDUALS
- All Nursing Facility providers must be licensed by the state in where they practice.
- No out-of-state entities should be enrolled unless a Kentucky facility is closing and the recipients are being moved out-of-state on a temporary basis. Approval for the enrollment must be given by DMS.
- Different types of nursing facilities are:
  1. 122(out-of-state);
  2. 123(NF Waiver);
  3. 124 (IMD[Institutions of Mental Disease]);
  4. 125 (nursing facility);
  5. 127( Swing bed);
  6. 128 (Medicare Deductible);
  7. 129 (brain injury)
    - Minimum of 10 continuous beds
    - CARF (Commission Accreditation Rehabilitation Facility) certification after first year.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Facility and KAPER-1 Supplement
- MAP-811 Addendum E
- State license (current and reflecting requested enrollment date)
- CLIA certificate (if applicable)
- Medicare letter
- W-9

**Important Addresses:**

- Office of Inspector General  
275 East Main Street  
Frankfort, KY 40621

**Specialized Children's Services Clinic**  
**Provider Type 13**  
**907 KAR 3:160**

**Information about the program:**

- Only an entity can enroll for this program-NO INDIVIDUALS
- Provider must have "bricks and mortar".
- The Child Advocacy Center is the provider-enrolled entity.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-Addendum E
- W-9
- Minimum of one professional from each category below:
  - Licensed physician employed with specialized children's services clinic, who has received specialized training in the use and access to a colposcope.
  - A mental health professional who performs a mental health screening and is directly supervised by a physician who performs the medical exam and who is employed by the specialized children's services clinic and has received specialized training in the mental health screening and assessment of sexually abused children.  
"Mental Health Professional" is defined as one of the following:
    - Psychologist
    - Licensed Clinical Social Worker
    - ARNP
    - Licensed Marriage and Family Therapist
    - Certified Professional Counselor
    - Certified Professional Art Therapist
- Letter from Department for Community Based Services declaring Child Advocacy Center status

Must provide current documentation to support requirements above and to reflect requested enrollment date.

**Health Access Nurturing Development Services (HANDS)**  
**Provider Type 15**  
**907 KAR 3:140**

**Information about the program:**

- Provider cannot be an individual.
- Out-of-state providers may not enroll.
- Provider must have “bricks and mortar”.
- Providers must be Department for Public Health, local, or district health department.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- W-9

**Acquired Brain Injury  
Provider Type 17  
907 KAR 3:090**

**Information about the program:**

- All Acquired Brain Injury providers must contact Department for Mental Health and Mental Retardation Services for certification and survey.
- DMS will not assign a provider number until a survey is received from MH/MR.
- The facility administrator or director must sign all forms.
- Provider must have "bricks and mortar".
- Out-of-state providers may not enroll.
- Provider can only be an entity - NO INDIVIDUALS
- Provider must obtain Certificate of Need.
- Provider must have 2000 hours of service to individuals with brain injuries and 16 hours of brain injury orientation.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- W-9
- Annual Certification letter from MH/MR
- Map-4100

**Important addresses:**

- Department for Mental Health and Mental Retardation  
Division of Mental Health  
Brain Injury Services Unit  
100 Fair Oaks Lane  
Frankfort, KY 40601  
502-564-3615



**Preventive and Remedial Public Health Services  
Provider Type 20  
907 KAR 1:360**

**Information about the program:**

- Provider must be Department for Public Health or local health department.
- The facility's administrator or director must sign all forms.
- Provider must have "bricks and mortar".
- No out-of-state providers in this program.
- Provider can only be an entity, NO INDIVIDUALS
- Provider must have an Interagency Agreement (subcontract) with the Department for Public Health.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- W-9
- CLIA certificate (if have lab)

**School-Based Services  
Provider Type 21  
907 KAR 1:715**

**Information about the program:**

- All School-Based Health Services applicants must be certified by the state of Kentucky.
- The certifying authority of Kentucky School-Based Health Services is the Kentucky Department of Education.
- The facility administrator or director must sign all forms.
- Provider must have "bricks and mortar".
- No out-of-state providers in this program.
- Provider can only be an entity - NO INDIVIDUALS
- The only permissible provider is a Kentucky school district.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- **Department of Education Certification letter** for current school year as well as covering enrollment date
- W-9

**Important addresses:**

- Kentucky Department of Education  
Capital Plaza Tower  
500 Mero Street  
Frankfort, KY 40601

**Commission For Children with Special Health Care Needs**  
**Provider Type 22**  
**907 KAR 1:705**

**Information about the program:**

- All Commission for Special Health Care Needs providers must be approved by the Kentucky Commission for Children with Special Health Care Needs.
- The facility administrator or director must sign all forms.
- Out-of-state providers may not enroll in this program.
- Provider can only be an entity - NO INDIVIDUALS
- The Commission is the enrolled entity. They do have sub-contractors.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- W-9

**Targeted Case Management and Rehabilitative Services**  
**Provider Type 23**  
**907 KAR 1:011**

**Information about the program:**

**Prerequisites:**

- Title V agency designation (Department for Public Health)
- Provider must have a signed inter-agency agreement.
- Provider must be based in Kentucky.
- Cabinet for Health and Family Services is the enrolled entity.
- Provider can only be an entity - NO INDIVIDUALS

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- W-9

**First Steps  
Provider Type 24  
907 KAR 2:160**

**Information about the program:**

- All First Steps subcontract providers must be certified by the Department for Public Health.
- The facility administrator or director must sign forms.
- Provider can only be an entity-NO INDIVIDUALS
- Cabinet for Health and Family Services, Department for Public Health is the enrolled entity.
- Provider must have “bricks and mortar”.
- Out-of-state providers may not enroll.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- Title V certification
- W-9

**Important addresses:**

- Department for Public Health  
Early Childhood Development  
275 East Main Street  
Frankfort , KY 40621

**Adult Targeted Case Management  
Provider Type 27  
907 KAR 1:515**

**Information about the program:**

- This provider type is a waiver of Community Mental Health Centers.
- Provider must contact OIG for survey.
- Provider must contact Community Mental Health Center for appropriate license.
- Provider can only be entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”.
- Out-of-state providers may not enroll.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- License
- Medicare Letter
- W-9

**Children's Targeted Case Management  
Provider Type 28  
907 KAR 1:525**

**Information about the program:**

- This provider type is enrolled under a waiver for Community Mental Health Centers.
- Provider must contact OIG for survey.
- Provider must contact Community Mental Health Center for appropriate license.
- The facility administrator or director must sign forms.
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have "bricks and mortar".
- Out-of-state providers may not enroll.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- Medicare letter
- License received from the Community Mental Health Center.
- W-9

**Impact Plus  
Provider Type 29  
907 KAR 3:030E**

**Information about the program:**

- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”.
- Out-of-state providers may not enroll.

**Additional Information to be submitted by the provider for application processing:**

Providers interested in this provider type must contact the Impact Plus program at (502)-564-4797.

**Important addresses:**

Department for Mental Health and Mental Retardation  
Division of Mental Health and Substance Abuse  
100 Fair Oaks Lane 4<sup>th</sup> Floor  
Frankfort, KY 40621



**Community Mental Health Center  
Provider Type 30  
907 KAR 1:044**

**Information about the program:**

- Provider must contact OIG for survey.
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”.
- Out-of-state providers may not enroll.
- The facility administrator or director must sign all forms.
- Provider must obtain a Certificate of Need.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- Medicare Letter
- License
- W-9

**Important addresses:**

- Office of Inspector General  
275 East Main Street  
Frankfort, KY 40601

**Primary Care Center/Federally Qualified Health Centers  
Provider Type 31  
907 KAR 1:054**

**Information about the program:**

- All primary care center providers must be licensed by the state where they practice.
- Out-of-state providers may enroll.
- This provider cannot have a number under this type and a another group number active at the same time, i.e. physician group, nurse practitioner group, physician assistant group, rural health clinic provider number, etc.
- Each Federally Qualified Health Center shall be required to meet appropriate licensure standards and shall be under a grant through Section 329.330 or 340 of the United States Public Health Service Act, or be determined by the Secretary of the Department of Health and Human Services to meet the requirements for receiving a grant under Section 329, 330 or 340 of the United States Public Health Service Act.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- MAP-347 for each professional in the group (ex: physician, CRNA, ARNP...etc)
- State license (current and reflecting requested enrollment date)
- W-9

**Important Addresses:**

- Office of Inspector General  
275 East Main Street  
Frankfort, KY 40621

**Family Planning  
Provider Type 32  
907 KAR 1:434**

**Information about the program:**

- The facility director must sign all forms.
- Provider must have "bricks and mortar".
- Provider can only be an entity - NO INDIVIDUALS

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- W-9 form
- An Administrative Director
- A minimum of one Physician
- A minimum of one Registered Nurse
- Need applicable licenses for the above referenced professionals

**Supports for Community Living (SCL)**  
**Provider Type 33**  
**907 KAR 1:155**

**Information about the program:**

- SCL providers must be certified through the Department for Mental Health and Mental Retardation.
- The facility administrator or director must sign all forms.
- Provider must have Certificate of Need.
- Out-of-state providers may not enroll.
- Provider must have "bricks and mortar".
- Provider can only be an entity - NO INDIVIDUALS

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- "SCL Statement of Services to be Provided" form
- W-9
- Annual Certification letter from MH/MR

**Important addresses:**

- Department for Mental Health and Mental Retardation  
Division of Mental Retardation  
100 Fair Oaks Lane  
Frankfort, KY 40601  
502-564-7702

**Home Health Agency  
Provider Type 34  
907 KAR 1:030**

**Information about the program:**

- Provider must contact OIG for survey.
- Provider must obtain a Certificate of Need.
- Out-of-state providers may perform services, but must be licensed by Kentucky or the state where services are physically provided.
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Facility and KAPER-1 Supplement
- MAP-811 Addendum E
- State license (current and reflecting requested enrollment date)
- Medicare Letter
- CLIA (if lab present)
- Out-of-state must submit their Medicaid enrollment requirements for their home state, plus proof of dates of service for the recipient.
- W-9

**Important addresses:**

- Office of Inspector General  
275 East Main Street  
Frankfort, KY 40601

**Rural Health Clinic  
Provider Type 35  
907 KAR 1:082**

**Information about the program:**

- Provider must contact OIG for survey/licensure.
- Out-of-state providers may enroll.
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”.
- Provider cannot have a number under this provider type and a group provider number active at the same time, i.e. physician group, nurse practitioner group, physician assistant group, primary care number, etc.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non- credentialed
- MAP-811 Addendum E
- State license (current and reflecting requested enrollment date)
- Medicare letter
- CLIA (if lab present)
- MAP-347 for each professional working in facility (physician, ARNP, CRNA, PA, etc.)
- W-9

**Important addresses:**

- Office of Inspector General  
275 East Main Street  
Frankfort, KY 40601

**Ambulatory Surgical Center  
Provider Type 36  
902 KAR 20:106**

**Information about the program:**

- Provider cannot be an individual.
- Out-of-state providers may enroll.
- The facility administrator or director must sign all forms.
- Provider must obtain a Certificate of Need.
- Provider must have “bricks and mortar”.
- In-state providers must contact OIG for a survey.
- DMS will not assign a provider number to in-state facilities unless a survey has been received.
- Any changes to in-state facilities must be directed to OIG immediately.
- Procedures and services are subject to prior authorization by Peer Review Organization (PRO).

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Facility and KAPER-1 Supplement
- MAP-811 Addendum E
- State license (current and reflecting requested enrollment date)
- Medicare letter of certification
- CLIA (if applicable)
- W-9

**Important addresses:**

- Office of Inspector General  
275 East Main Street  
Frankfort, KY 40621

## **Independent Lab Provider Type 37**

### **Information about the program:**

- Out-of-state providers may enroll.
- All forms must be signed and dated by authorized personnel.
- Provider must have “bricks & mortar”.
- Independent labs must be licensed by the state of Kentucky or the state in which services are provided.

### **Additional Information to be submitted by the provider for application processing:**

- MAP-811 Facility and KAPER-1 Supplement
- MAP-811 Addendum E
- Lab must be supervised by a Physician Director (copy of physician's license)
- Copy of Pathologist's license (must be Director)
- CLIA
- W-9

### **Important Addresses:**

- Office of Inspector General  
275 East Main Street  
Frankfort, KY 40621



**Renal Dialysis Clinic  
Provider Type 39**

**Information about the program:**

- Out-of-state providers may enroll.
- Forms must be signed by authorized personnel.
- Providers must have “bricks & mortar”.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Facility and KAPER-1 Supplement
- MAP-811 Addendum E
- Medicare Letter of certification
- State license (current and reflecting requested enrollment date)
- W-9

**Important Addresses:**

- Office of Inspector General  
275 East Main Street  
Frankfort, KY 40621

**Early and Periodic Screening, Diagnosis, and Treatment Special Services**  
**(EPSDT)**  
**Provider Type 40 (Screening Clinics)**  
**907 KAR 1:034**

**Information about the program:**

- An entity or individual can apply for this provider type.
- Provider must have "bricks and mortar".
- Must be qualified to provide screening services, and must be under the direction of a duly licensed physician (M.D.), pediatric advanced registered nurse practitioner (ARNP), or a registered professional nurse (R.N.) currently licensed by the State of Kentucky. If screening clinics are conducted under the direction of a registered professional nurse, a physician licensed in the state of Kentucky must act as medical consultant.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- Must provide current documentation to support qualifications above and reflect requested enrollment date
- W-9 form

**Model Waiver II  
Provider Type 41  
907 KAR 1:595**

**Information about the program:**

- Provider must contact OIG for Home Health Agency survey.
- Out of state providers may not enroll.
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”.
- Provider must obtain a Certificate of Need.
- Program is a waiver of Home Health Agency.
- Provider can only enroll under a Medicare certified and Medicaid licensed Home Health Agency.
- Services must be provided through a Home Health Agency.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- Medicare letter for Home Health Agency
- State license for Home Health Agency (current and reflecting requested enrollment date)
- W-9

**Important addresses:**

- Office of Inspector General  
275 East Main Street  
Frankfort, KY 40601

**Home and Community Based Waiver  
Provider Type 42  
907 KAR 1:160**

**Information about the program:**

- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”.
- Out of state providers may not enroll.
- Provider must obtain a Certificate of Need.
- Program is a waiver to Home Health Agency.
- Provider can only enroll under a Medicare certified and Medicaid licensed Home Health Agency.
- Services must be provided through a Home Health Agency.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- State license for Home Health Agency (current and reflecting requested enrollment date)
- Medicare letter for Home Health Agency
- W-9

**Important addresses:**

- Office of Inspector General  
275 East Main Street  
Frankfort, KY 40601

**Adult Day Health Care  
Provider Type 43  
907 KAR 1:230**

**Information about the program:**

- Provider must contact OIG for survey.
- Out of state providers may not enroll.
- Provider must obtain a Certificate of Need.
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- State license (current and reflecting requested enrollment date)
- W-9

**Important addresses:**

- Office of Inspector General  
275 East Main Street  
Frankfort, KY 40601

**Hospice  
Provider Type 44  
907 KAR 1:330**

**Information about the program:**

- Provider must contact OIG for survey
- Out of state providers may enroll on emergency basis and be licensed by Kentucky
- Provider must obtain a Certificate of Need
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- If hospital based, must submit copy of hospital's accreditation.
- State license (current and reflecting requested enrollment date)
- Out of state providers should provide Kentucky license and proof of dates of service for recipient.
- W-9

**Important addresses:**

- Office of Inspector General  
275 East Main Street  
Frankfort, KY 40601

**Early and Periodic Screening, Diagnosis, and Treatment Special Services  
(EPSDT)  
Provider Type 45  
907 KAR 1:034**

**Information about the program:**

- An entity or individual can apply for this provider type.
- Provider must have "bricks and mortar".
- Out-of-state providers may enroll (see 907 KAR 3:035).
- Provider must obtain a Certificate of Need, if applicable.
- The requirements for this provider type are consistent with what the applicant would normally qualify for when enrolling through traditional Medicaid.
- Providers must meet 907 KAR Chapters 1 and 3 participation requirements.

**Additional information to be submitted by the provider for application processing if the provider is not currently enrolled in Medicaid:**

- MAP-811 (Depends on provider type)
- MAP-811 Addendum E
- State license (current and reflecting requested enrollment date)
- Copy of Social Security card or notarized statement signed by the applicant if the applicant does not own a tax id.
- If applicant owns a tax id, then need to submit W-9.
- Medicare Letter (if applicable)

**Information to be submitted by the provider for application processing if the provider is CURRENTLY enrolled in Medicaid:**

- MAP-814

**NOTE: Primary Care Centers, Rural Health Centers, Impact Plus providers, Non-Emergency Transportation providers, QMB Only providers and Waiver Service only providers may not enroll as EPSDT Special Services providers.**

**Hearing Aid Dealer  
Provider Type 50  
907 KAR 1:039**

**Information about the program:**

- Provider can only be an individual.
- Out-of-state providers may enroll.
- Dealer must sign all forms.
- Provider must have “bricks & mortar”.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- MAP-347 (if working in a group setting)
- License for Specializing in Hearing Instruments (current and reflecting requested enrollment date)
- Copy of social security card or notarized statement signed by provider if applicant does not own a tax id.
- If applicant is sole owner of a tax id, need to submit w-9 form.

**Important Addresses:**

- KY Licensing Board for Specialist in Hearing Instruments  
Berry Hill Annex  
PO Box 456  
Frankfort, KY 40602



**Hearing Aid Dealer GROUP**  
**Provider Type 50**

**Information about the program:**

- Provider must be an entity.
- Out-of-state providers can enroll.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- Map-811 Addendum E
- MAP-347 for all Hearing Aid Dealer within the group. (Individual provider number (50) **must** be active in order to join a group.
- CLIA (if applicable)
- W-9

**Optician  
Provider Type 52  
907 KAR 1:038**

**Information about the program:**

- Provider can only be an individual.
- Out-of-state providers may enroll.
- Optician must sign all forms.
- Provider must have “bricks & mortar”.
- Provider must have an on-site inspection upon request.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- Map-811 Addendum E
- MAP-347 (if working in a group setting)
- License of Ophthalmic Dispensers (current and reflecting requested enrollment date)
- Copy of social security card or notarized statement signed by applicant if applicant does not own tax id.
- If applicant is sole owner of a tax id, need to submit W-9 form.

**Important Addresses:**

- KY Board of Ophthalmic Dispensers  
901 Dupont Road  
Louisville, KY 40207

**Optician GROUP**  
**Provider Type 52**

**Information about the program:**

- Provider must be an entity.
- Out-of-state providers can enroll.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- Map-811 Addendum E
- MAP-347 for all Opticians within the group. (Individual provider number (52) **must** be active in order to join a group.
- CLIA (if applicable)
- W-9

**Pharmacy  
Provider Type 54  
907 KAR 1: 019E**

**Information about the program:**

- Pharmacies located in Kentucky must be licensed by the Kentucky Board of Pharmacy.
- Provider must have "bricks and mortar".
- Out-of-state providers may enroll.
- Provider can only be an entity - NO INDIVIDUALS

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- State pharmacy license (must be current and reflect requested enrollment date)
- Out-of-state providers must provide proof of current KY pharmacy and pharmacist licensure pursuant to KRS 315.0351(1) if applicable.
- W-9

**Important addresses:**

- Kentucky Board of Pharmacy  
Spindletop Administration Building Ste.302  
2624 Research Park Drive  
Lexington, KY 40511  
(859)-246-2820  
[pharmacy.board@ky.gov](mailto:pharmacy.board@ky.gov)

**Emergency Transportation  
Provider Type 55  
907 KAR 1:060**

**Information about the program:**

- Provider must contact Kentucky licensing authority.
- Out of state providers may enroll.
- Provider must have at least two persons to operate.
- Provider must have “bricks and mortar”.
- Provider must obtain a Certificate of Need.
- Ambulance service license accepted (ALS, BLS, Class I, II, and III)
- Provider must obtain No limit vehicle liability and Professional Malpractice Insurance.
- KY Board of EMS must approve vehicles.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- State license to operate (issued by state emergency medical services)
- W-9

**Important addresses:**

- Kentucky Board of Emergency Medical Services  
2545 Lawrenceburg Road  
Frankfort, KY 40601

**Non-Emergency Transportation  
Provider Type 56  
907 KAR 1:060**

**Information about the program:**

- Provider can be an individual (individuals must complete MAP-572 and contact Transportation Broker of home county).
- Provider can be an entity (hospital, NF, etc...) must also contact broker for county.
- Provider must obtain a Certificate of Need.
- Provider must contact the Transportation Cabinet for licensing and survey.
- In state providers are limited to the counties listed on license.
- Out of state providers may enroll.
- Provider must obtain No limit vehicle liability and Professional Malpractice Insurance.

**Additional Information to be submitted by the provider for application processing:**

**Entity**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- State license to operate vehicle issued by Transportation Cabinet (DPV certificate or Taxi certificate) or Ambulance license issued by state emergency medical services
- Copy of Social Security card or notarized statement signed by the applicant if the applicant does not own a tax id.
- W-9 (if applicant owns a tax id)
- Annual license renewal
- Broker signature on Map-811 Non-credential (excludes ambulance providers)

**Private Auto or Foster Parent**

- ◆ Map-572 (Private Auto)
- ◆ Map-572B (Foster Parent)
- ◆ Driver's License
- ◆ Vehicle Registration\*
- ◆ Proof of Auto Insurance\*

\*Vehicle registration and proof of auto insurance must be for the same vehicle. Proof of auto insurance must include applicant's name. If not, applicant needs to provide documentation from vehicle insurance carrier that they are a covered driver.

**Important addresses:**

- Transportation Cabinet  
State Office Bldg.  
Frankfort, KY 40622
- Kentucky Board of Emergency Medical Services  
2545 Lawrenceburg Road  
Frankfort, KY 40601

**Transportation Broker  
Provider Type 57  
603 KAR 7:080**

**Information about the program:**

- Provider cannot be an individual.
- Administrator or director must sign all forms.
- Providers must maintain a sufficiency in meeting the regional Medicaid population's needs for non-emergency medical transportation.
- Provider must maintain policies and procedure for processing.
- Provider must meet state standards for timely access of services.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- W-9

**Dentist  
Provider Type 60  
907 KAR 1:026**

**Information about the program:**

- All Dental providers must be licensed by the state where they practice. The licensing authority for Kentucky is the Kentucky Board of Dentistry.
- In addition to a state dental license, all oral surgeons, orthodontists, and prosthodontists must provide proof of specialty by their appropriate state licensing agency or proof of board certification when state specialty licensure is not required. However, the state of Kentucky does require the specialty. Therefore, proof of board certification, such as the American Board of Oral Surgery will not be sufficient. This proof can be a certificate stating specialty from Kentucky Board of Dentistry or a letter from the Kentucky Board of Dentistry with their letterhead stating what type of specialty and the effective and expiration date of specialty.
- Out-of-state providers may enroll.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Individual and KAPER-1
- MAP-811 Addendum E
- Map-347 (if working in a group setting)
- Copy of Social Security Card or notarized statement signed by the applicant if applicant does not own a tax id.
- If the applicant is sole owner of a tax id, need W-9 form.
- State license (current and reflecting requested enrollment date)
- Specialty license (if applicable)
- CLIA license (if applicable)

**Important addresses:**

- Kentucky Board of Dentistry  
10101 Linn Station Road Suite 540  
Louisville, KY 40223  
[www.dentistry.ky.gov](http://www.dentistry.ky.gov)



**Dentist Group  
Provider Type 61  
907 KAR 1:026**

**Information about the program:**

- Provider must be an entity.
- Out-of-state providers can enroll.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- MAP-347 for all Dentists within the group. (Individual provider number (60) **must** be active in order to join a group.
- CLIA (if applicable)
- W-9

**Physician  
Provider Type 64  
907 KAR 3:005**

**Information about the program:**

- Provider can only be an individual.
- Provider must obtain a license from the KY Board of Medical Licensure.
- Providers with specialties (anesthesia, obstetrics, etc.) must have certification for specialty.
- Out-of-state providers may enroll.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Individual and KAPER-1
- MAP-811 Addendum E
- State license (current and reflecting requested enrollment date)
- Specialty certification (if applicable)
- MAP-347 (if working in a group setting)
- CLIA (if applicable)
- Copy of social security card or notarized statement signed by applicant if applicant does not own a tax id.
- If applicant is sole owner of a tax id, need W-9 form.

**Important addresses:**

- KY Board of Medical Licensure  
310 Whittington Parkway  
Suite 1B  
Louisville, KY 40222

**Physician Group  
Provider Type 65  
907 KAR 3:005**

**Information about the program:**

- Provider must be an entity.
- Out-of-state providers may enroll.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- MAP-347 for all Physicians within the group. (Individual provider number (64) **must** be active in order to join a group.
- CLIA (if applicable)
- W-9

**Audiologist  
Provider Type 70  
907 KAR 1:038**

**Information about the program:**

- Provider can only be an individual.
- Out of state providers may enroll.
- Audiologist must sign all forms.
- Provider must have “bricks & mortar”.
- Provider must have an on-site inspection.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Individual and KAPER-1
- MAP-811 Addendum E
- MAP-347 (if working in a group setting)
- State license (current and reflecting requested enrollment date)
- Copy of social security card or notarized statement signed by the applicant if applicant does not own tax id.
- If applicant is sole owner of a tax id, need to submit W-9 form.
- Out -of-state providers must submit a Certificate of Clinical Competence issued by the American Speech and Hearing Association

**Important Addresses:**

- State Board of Examiners for Speech Pathology and Audiology  
Berry Hill Annex  
Frankfort, KY 40602
- American Speech & Hearing Association

**Audiologist GROUP**  
**Provider Type 70**

**Information about the program:**

- Provider must be an entity.
- Out-of-state providers can enroll.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- MAP-347 for all Audiologists within the group. (Individual provider number (70) **must** be active in order to join a group.
- CLIA (if applicable)
- W-9

**Certified Registered Nurse Anesthetist  
Provider Type 74  
907 KAR 1:102**

**Information about the program:**

- All CRNA providers must be licensed by the state where they practice. The licensing authority for Kentucky is the Kentucky Board of Nursing.
- Out-of-state providers may enroll.

**Additional information to be submitted by provider for application processing:**

- MAP-811 Individual and KAPER-1
- MAP-811 Addendum E
- Map-347 (if working in a group setting)
- Copy of Social Security card or notarized statement signed by the applicant if applicant does not own a tax id.
- If applicant is sole owner of a tax id, need to submit W-9 form.
- State license (current and reflecting requested enrollment date) \*See Below
- Specialty license (current and reflecting requested enrollment date)
- CLIA license (if applicable)

\*Certain states do not issue nurse anesthetist licenses. The respective boards will only issue Registered Nurse licenses. It is the responsibility of the RN to get a national certification for their specialty of nurse anesthetist. In this case, applicants must supply their RN license and their national nurse anesthetist license with effective date.

**Important addresses:**

- Kentucky Board of Nursing  
312 Whittington Parkway, Suite 300  
Louisville, KY 40222-5172  
<http://kbn.ky.gov>  
502-329-7000 or 800-305-2042

**Certified Registered Nurse Anesthetist GROUP**  
**Provider Type 74**  
**907 KAR 1:102**

**Information about the program:**

- Provider must be an entity.
- Out-of-state providers can enroll.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- MAP-347 for all CRNA's within the group. (Individual provider number (74) **must** be active in order to join a group.
- CLIA (if applicable)
- W-9

**Optometrist  
Provider Type 77  
907 KAR 1:038**

**Information about the program:**

- Provider can only be an individual.
- Out-of-state providers may enroll.
- Optometrist must sign all forms.
- Provider must have “bricks & mortar”.
- Provider must have an on site inspection upon request from the Board.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Individual and KAPER-1
- MAP-811 Addendum E
- MAP-347 (if working in a group setting)
- Optometric license (current and reflecting requested enrollment date)
- Copy of social security card or notarized statement signed by applicant if applicant does not own a tax id.
- If applicant is sole owner of a tax id, need to submit W-9 form.

**Important Addresses:**

- KY Board of Optometric Examiners  
1000 West Main Street  
Georgetown, KY 40324



**Optometrist GROUP**  
**Provider Type 77**

**Information about the program:**

- Provider must be an entity.
- Out-of-state providers can enroll.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- MAP-347 for all Optometrists within the group. (Individual provider number (77) **must** be active in order to join a group.
- CLIA (if applicable)
- W-9

**Advanced Registered Nurse Practitioner  
Provider Type 78  
907 KAR 1:102**

**Information about the program:**

- All ARNP providers must be licensed by the state in which they practice. The licensing authority for Kentucky is the Kentucky Board of Nursing.
- Out-of-state providers may enroll.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Individual and KAPER-1
- MAP-811 Addendum E
- Map-347 (if working in a group setting)
- Copy of Social Security card or notarized statement signed by the applicant if applicant does not own tax id.
- If applicant is sole owner of a tax id, need to submit W-9 form.
- State license (current and reflecting requested enrollment date) \*See Below
- Specialty license (current and reflecting requested enrollment date)
- CLIA license (if applicable)

\*Certain states do not issue nurse practitioner licenses. The respective boards will only issue Registered Nurse licenses. It is the responsibility of the RN to get a national certification for their specialty of nurse practitioner. In this case, applicants must supply their RN license and their national nurse practitioner license with effective date.

**Important addresses:**

- Kentucky Board of Nursing  
312 Whittington Parkway, Suite 300  
Louisville, KY 40222-5172  
<http://kbn.ky.gov>  
502-329-7000 or 800-305-2042

**Advance Registered Nurse Practitioner GROUP**  
**Provider Type 78**  
**907 KAR 1:102**

**Information about the program:**

- Provider must be an entity.
- Out-of-state providers can enroll.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- MAP-347 for all ARNP's within the group. (Individual provider number (78) **must** be active in order to join a group.
- CLIA (if applicable)
- W-9

**Podiatrist  
Provider Type 80  
907 KAR 1:270**

**Information about the program:**

- All Podiatry providers must be licensed by the state in which they practice. The licensing authority for Kentucky is the Kentucky Board of Podiatry.
- Out-of-state providers may enroll.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Individual and KAPER-1
- MAP-811 Addendum E
- Map-347 (if working in group setting)
- Copy of Social Security card or notarized statement signed by the applicant if applicant does not own a tax id.
- If applicant is sole owner of a tax id, need to submit W-9 form.
- State license (current and reflecting requested enrollment date).
- CLIA license (if applicable)

**Important addresses:**

- Kentucky Board of Podiatry  
908B South 12<sup>th</sup> Street  
Murray, KY 42071  
270-759-0007

**Podiatrist GROUP**  
**Provider Type 80**  
**907 KAR 1:270**

**Information about the program:**

- Provider must be an entity.
- Out-of-state providers can enroll.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- MAP-347 for all Podiatrists within the group. (Individual provider number (80) **must** be active in order to join a group.
- CLIA (if applicable)
- W-9

**Licensed Clinical Social Worker  
Provider Type 82  
REG 907 KAR 1:102**

**Information about the program:**

- All LCSW providers must be licensed by the state where they practice.
- Out-of-state providers may enroll.
- This provider type is reimbursable only as a Qualified Medicare Beneficiary (QMB). Providers will only receive reimbursement for co-pay and deductible amounts on services when they have received Medicare reimbursement.
- No reimbursement will be issued by KY Medicaid for services to members who only have Medicaid benefits.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- Map-347 (if working in a group setting)
- State license (current and reflecting requested enrollment date)
- Medicare letter/certification with effective date
- Copy of social security card or notarized statement signed by the applicant if applicant does not own a tax id.
- If applicant is sole owner of a tax id, need to submit W-9 form.

**Licensed Clinical Social Worker GROUP  
Provider Type 82**

**Information about the program:**

- Provider must be an entity.
- Out-of-state providers can enroll.
- This provider type is reimbursable only as a Qualified Medicare Beneficiary (QMB). Providers will only receive reimbursement for co-pay and deductible amounts on services when they have received Medicare reimbursement.
- No reimbursement will be issued by KY Medicaid for services to members who only have Medicaid benefits.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- Map-811 Addendum E
- MAP-347 for all Licensed Clinical Social Workers within the group. (Individual provider number (82) **must** be active in order to join a group.
- Medicare certification letter with effective date for group
- CLIA (if applicable)
- W-9

**Chiropractor  
Provider Type 85  
907 KAR 3:125**

**Information about the program:**

- All Chiropractor providers must be licensed by the state where they practice. The licensing authority for Kentucky is the Kentucky Board of Chiropractic Examiners.
- Out-of-state providers may enroll.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Individual and KAPER-1
- MAP-811 Addendum E
- Copy of Social Security card or notarized statement signed by the applicant if the applicant does not own a tax id.
- If applicant is sole owner of tax id, need to submit W-9 form.
- State license (current and reflecting requested enrollment date)
- Medicare certification letter with effective date
- CLIA license (if applicable)
- Be at least 21 years of age

**Important addresses:**

- Kentucky Board of Chiropractic Examiners  
110 North Hubbard Lane  
Louisville, KY 40207



**Chiropractor GROUP**  
**Provider Type 85**  
**907 KAR 3:125**

**Information about the program:**

- Provider must be an entity.
- Out-of-state providers can enroll.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- MAP-347 for all Chiropractors within the group. (Individual provider number (85) **must** be active in order to join a group.
- Medicare certification letter with effective date for group
- CLIA (if applicable)
- W-9

**Other Lab & X Ray  
Provider Type 86  
907 KAR 1:028**

**Information about the program:**

- Radiologist must be licensed by the state where they practice.
- Out-of-state providers may enroll.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- Facility license from state in which services are provided (if applicable)
- Medicare letter for facility
- Physician Director (physician license)
- Radiology Specialty (if applicable)
- W-9

**Physical Therapist  
Provider Type 87**

**Information about the program:**

- All physical therapy providers must be licensed by the state where they practice.
- Out-of-state providers may enroll.
- This provider type is reimbursable only as a Qualified Medicare Beneficiary (QMB). Providers will only receive reimbursement for co-pay and deductible amounts on services when they have received Medicare reimbursement.
- No reimbursement will be issued by KY Medicaid for services to members who only have Medicaid benefits.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- Map-347 (if working in a group setting)
- State license (current and reflecting requested enrollment date)
- Medicare letter/certification with effective date
- Copy of social security card or notarized statement signed by the applicant if applicant does not own a tax id.
- If applicant is sole owner of a tax id, need to submit W-9 form.

**Physical Therapist GROUP**  
**Provider Type 87**

**Information about the program:**

- Provider must be an entity.
- Out-of-state providers can enroll.
- This provider type is reimbursable only as a Qualified Medicare Beneficiary (QMB). Providers will only receive reimbursement for co-pay and deductible amounts on services when they have received Medicare reimbursement.
- No reimbursement will be issued by KY Medicaid for services to members who only have Medicaid benefits.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- Map-811 Addendum E
- MAP-347 for all Physical Therapists within the group. (Individual provider number (87) **must** be active in order to join a group.
- Medicare certification letter with effective date for group
- CLIA (if applicable)
- W-9

## **Occupational Therapist Provider Type 88**

### **Information about the program:**

- All occupational therapy providers must be licensed by the state where they practice.
- Out-of-state providers may enroll.
- This provider type is reimbursable only as a Qualified Medicare Beneficiary (QMB). Providers will only receive reimbursement for co-pay and deductible amounts on services when they have received Medicare reimbursement.
- No reimbursement will be issued by KY Medicaid for services to members who only have Medicaid benefits.

### **Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- Map-347 (if working in a group setting)
- State license (current and reflecting requested enrollment date)
- Medicare letter/certification with effective date
- Copy of social security card or notarized statement signed by applicant if applicant does not own a tax id.
- If applicant is sole owner of a tax id, need to submit W-9 form.

**Occupational Therapist GROUP**  
**Provider Type 88**

**Information about the program:**

- Provider must be an entity.
- Out-of-state providers can enroll.
- This provider type is reimbursable only as a Qualified Medicare Beneficiary (QMB). Providers will only receive reimbursement for co-pay and deductible amounts on services when they have received Medicare reimbursement.
- No reimbursement will be issued by KY Medicaid for services to members who only have Medicaid benefits.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- Map-811 Addendum E
- MAP-347 for all Occupational Therapists within the group. (Individual provider number (88) **must** be active in order to join a group.
- Medicare certification letter with effective date for group
- CLIA (if applicable)
- W-9

## **Licensed Psychologist Provider Type 89**

### **Information about the program:**

- All Licensed Psychologist providers must be licensed by the state where they practice.
- Out-of-state providers may enroll.
- This provider type is reimbursable only as a Qualified Medicare Beneficiary (QMB). Providers will only receive reimbursement for co-pay and deductible amounts on services when they have received Medicare reimbursement.
- No reimbursement will be issued by KY Medicaid for services to members who only have Medicaid benefits.

### **Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- Map-347 (if working in a group setting)
- State license (current and reflecting requested enrollment date)
- Medicare letter/certification with effective date
- Copy of social security card or notarized statement signed by the applicant if applicant does not own a tax id.
- If applicant is sole owner of a tax id, need to submit W-9 form.

### **Important Addresses:**

- Kentucky Board of Examiners in Psychology  
P.O. Box 1360  
Frankfort, KY 40602

**Psychologist GROUP**  
**Provider Type 89**

**Information about the program:**

- Provider must be an entity.
- Out-of-state providers can enroll.
- This provider type is reimbursable only as a Qualified Medicare Beneficiary (QMB). Providers will only receive reimbursement for co-pay and deductible amounts on services when they have received Medicare reimbursement.
- No reimbursement will be issued by KY Medicaid for services to members who only have Medicaid benefits.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- Map-811 Addendum E
- MAP-347 for all Psychologists within the group. (Individual provider number (89) **must** be active in order to join a group.
- Medicare certification letter with effective date for group
- CLIA (if applicable)
- W-9



**Durable Medical Equipment (DME)**  
**Provider Type 90**  
**907 KAR 1:479**

**Information about the program:**

- All DME's associated with a pharmacy must present a copy of the pharmacy license from the state where they practice. The licensing authority for Kentucky is the Kentucky Board of Pharmacy.
- The provider associated with a pharmacy must also have a Medicare DME provider number.
- Out-of-state providers may enroll.
- Provider must have "bricks and mortar".
- Provider can only be entity - NO INDIVIDUALS
- The DME provider must adhere to all CMS supplier standards in accordance with 42 CFR 424.57.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- W-9
- State license (if associated with pharmacy) current and covering requested enrollment date
- Medicare certification letter less than three years old with effective date of certification and physical location of where DME number is to be used. Medicare requires DME providers to re-enroll every 3 years.

**Comprehensive Outpatient Rehab Facility (CORF)  
Provider Type 91**

**Information about the program:**

- All CORF providers must be licensed by the state where they practice.
- Out-of-state providers may enroll.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- Map-811 Addendum E
- State license (current and reflecting requested enrollment date)
- Medicare letter/certification recognizing provider as a CORF
- W-9

**Psychiatric Distinct Part Unit (DPU)**  
**Provider Type 92**  
**907 KAR 1:012**  
**907 KAR 1:013**

**Information about the program:**

- Provider cannot be an individual.
- Out-of-state providers may NOT enroll.
- The facility administrator or director must sign all forms.
- Provider must obtain a Certificate of Need.
- Provider must have “bricks and mortar”.
- In-state providers must contact OIG for a survey.
- DMS will not assign a provider number to an in-state facility unless survey has been received.
- Any changes to in-state facilities must be directed to OIG immediately.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- Documentation from Medicare designating provider as a distinct part unit
- JCAHO (Joint Commission on Accreditation Healthcare Organization) letter.
- State Hospital license (current and reflecting requested enrollment date)
- Medicare number
- CLIA
- W-9

**Important Addresses:**

- Office of Inspector General  
275 East Main Street  
Frankfort, KY 40621

**Rehabilitation Distinct Part Unit (DPU)**  
**Provider Type 93**  
**907 KAR 1:012**  
**907 KAR 1:013**

**Information about the program:**

- Provider cannot be an individual.
- Out-of-state providers may NOT enroll.
- The facility administrator or director must sign all forms.
- Provider must obtain a Certificate of Need.
- Provider must have “bricks and mortar”.
- In-state providers must contact OIG for a survey.
- DMS will not assign a provider number to an in-state facility unless a survey has been received.
- Any changes to in-state facilities must be directed to OIG immediately.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- MAP-811 Addendum E
- Documentation from Medicare designating provider as a distinct part unit.
- JCAHO (Joint Commission on Accreditation Healthcare Organization) letter.
- State Hospital license (current and reflecting requested enrollment date)
- Medicare number
- CLIA
- W-9

**Important Addresses:**

- Office of Inspector General  
275 East Main Street  
Frankfort, KY 40621

**Physician Assistant  
Provider Type 95  
907 KAR 3:010**

**Information about the program:**

- All Physician Assistant providers must present a current copy of license from the state in which they practice. The licensing authority for Kentucky is the Kentucky Board of Medical Licensure.
- Out-of-state providers may enroll.
- Physician assistants must be supervised by a physician.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Individual and KAPER-1
- MAP-811 Addendum E
- Map-347 (If working in a group setting)
- Copy of Social security card or notarized statement signed by the applicant if applicant does not own a tax id.
- If applicant is sole owner of a tax id, need to submit W-9 form.
- State license (current and reflecting requested enrollment date)
- Medicare certification letter with effective date.
- MAP-612 (must be signed by PA and assigned physician)

**Important addresses:**

- Kentucky Board of Medical Licensure  
310 Whittington Parkway, Suite 1B  
Louisville, KY 40222

**Physician Assistant GROUP**  
**Provider Type 95**  
**907 KAR 3:010**

**Information about the program:**

- Provider must be an entity.
- Out-of-state providers can enroll.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-credentialed
- Map-811 Addendum E
- MAP-347 for all Physician Assistants within the group. (Individual provider number (95) **must** be active in order to join a group.
- Medicare certification letter with effective date for group
- CLIA (if applicable)
- W-9